

ATTORNEY(S): VINSON & ELKINS LLP

Index #: 1:24-cv-11234

PURCHASED/FILED :

STATE OF : Illinois

COURT : U.S. District

COUNTY/DISTRICT : Northern Dist.

AFFIDAVIT OF SERVICEHILL COUNTRY EMERGENCY MEDICAL ASSOCIATES, P.A., ET ALVS
MULTIPLAN, INC., ET AL

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s)

STATE OF NEW YORK COUNTY OF ALBANY

ROBERT GUYETTE, being duly sworn deposes and says deponent is not a party herein,
is over the age of eighteen years and resides in the State of New York. That on NOVEMBER 15, 2024 at 3:04 PM
at c/o CSC 80 STATE STREET, ALBANY, NY 12207 deponent did serve the following :
(Address where service was accomplished.)

SUMMONS IN A CIVIL CASE AND A AMENDED COMPLAINTon: MULTIPLAN, INC

Defendant (herein called recipient) therein named, SS.:

INDIVIDUAL ☐ By delivering a true copy of each to said recipient personally; deponent knew the person served to be the person described as said person therein.CORP. ☒ A corporation, by delivering thereat a true copy of each to MINARD CARKNER personally, deponent knew said corporation so served to be the corporation, described in same as said recipient and knew said individual to be AUTHORIZED AGENT thereof.

Service was made in the following manner after your deponent was unable, with due diligence, to serve the defendant in person, including an effort to reach the defendant by telephone, (if such telephone number was available) and an attempt to locate the defendant's place of employment.

Previous attempts at personal service are as follows:

on the _____ day of _____	at _____
on the _____ day of _____	at _____
on the _____ day of _____	at _____
on the _____ day of _____	at _____
on the _____ day of _____	at _____

SUITABLE PERSON ☐ By delivering a true copy of each to _____ a person of suitable age and discretion who agreed to accept on behalf of the party..
Said premises is recipient's: ☐ dwelling house (usual place of abode). ☐ actual place of business

AFFIXING TO DOOR ☐ By affixing a true copy of each to the door of said premises, which is recipient's ☐ actual place of business ☐ dwelling house (usual place of abode) within the state.

MAILING COPY ☐ On _____ deponent completed service under the last two sections by depositing a copy of the above listed documents to the above address in a postpaid properly addressed plain envelope marked "Personal and Confidential" in an official depository under the exclusive care and custody of the United States Post Office in the State of New York.

DESCRIPTION ☒ A description of the person served is as follows:

(use with #1, 2 or 3) Sex MALE Color of skin WHITE Hair RED Approx. Age 45YRS Approx. Height 6'
Approx. weight 200LBS Other _____

WIT. FEES ☐ \$ _____ the authorizing traveling expenses and one day's witness fee was paid (tendered) to the recipient.

NON MIL ☒ To the best of my knowledge and belief, said person was not presently in military service of the United States Government or on active duty in the military service in the State of New York at the time of service.

Sworn to before me on this
15th day of November, 2024

Faith Cozzy
NOTARY PUBLIC
FAITH COZZY
NOTARY PUBLIC, State of New York
No. 01CO6158874, Albany County
Commission Expires Jan 8, 2027

Robert Guyette
ROBERT GUYETTE

Invoice-Work Order # 2453290

Attorney File # 2467005

